Case 16-17791-ref Doc 35 Filed 08/22/17 Entered 08/22/17 08:21:25 Desc Main Document Page 1 of 2

Fill	in this information t	to identify your c	ase:				I						
	rebtor 1 Stephanie L Stamm												
	otor 2 suse, if filing)					_							
Uni	ted States Bankrup	otcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	١								
Case number (If known) 16-17791				-				Check if this is: ■ An amended filing □ A supplement showing postpetition chapter					
O	fficial Form	106 <u>l</u>					13		as of the fo	g postpetition llowing date:			
Be a	plying correct infouse. If you are sep	occurate as possormation. If you parated and you	sible. If two married pec are married and not fili ir spouse is not filing w	ng jointly, and your s ith you, do not inclu	spouse i de infori	s liv nati	ing with yon about	ou, incluyour spo	ude inform ouse. If mo	nation about re space is	your needed,		
	<u> </u>	et to this form. e Employment	On the top of any additi	onal pages, write yo	ur name	and	d case nui	mber (if I	known). A	nswer every	question		
1.	Fill in your empl	loyment		Debtor 1				Debtor 2	or non-fil	ing spouse			
	If you have more		Employment status	□ Employed				☐ Employed					
	attach a separate		Employment status	■ Not employed				☐ Not employed					
	employers.		Occupation	Retired									
	Include part-time self-employed wo		Employer's name										
	Occupation may or homemaker, if		Employer's address										
			How long employed t	here?				_					
Par	t 2: Give De	tails About Mor	nthly Income										
	mate monthly incuse unless you are		ate you file this form. If	you have nothing to re	eport for	any	line, write	\$0 in the	space. Inc	lude your no	n-filing		
•	u or your non-filing e space, attach a s	•	ore than one employer, co	ombine the information	n for all e	empl	oyers for t	hat perso	n on the lir	nes below. If	you need		
							For Debi	tor 1		otor 2 or ng spouse			
2.			ry, and commissions (b		2.	\$		0.00	\$	N/A			
3.	Estimate and lis	t monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	-		
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$		0.00	\$	N/A			

Deb	tor 1	Stephanie L Stamm	-	С	ase number (if kno	wn)	16-17	791		
	Cor	by line 4 here	4.		For Debtor 1	00		Debtor filing s	2 or spouse N/A	
	COL	y line 4 nere	4.		Ψυ.	00	Ψ		IN/A	<u> </u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.			00	\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b.		. —	00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.			00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.			00	\$		N/A N/A	
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.		:	00	\$		N/A	_
	5g.	Union dues	5g.		•	00	\$—		N/A	_
	5h.	Other deductions. Specify:	5h.				+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	,	0.	00	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	0.	00	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$ 0.	.00	\$		N/A	
	8b.	Interest and dividends	8b.			00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ 0.	00	\$		N/A	
	8d.	Unemployment compensation	8d.		\$ 0.	00	\$		N/A	_
	8e.	Social Security	8e.		\$ 1,226.	00	\$		N/A	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.			00	\$		N/A	
	8g.	Pension or retirement income	8g.		\$1,579.				N/A	_
	8h.	Other monthly income. Specify:	_ 8h.	.+	\$0.	00	+ D		N/A	<u></u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,805.	97	\$		N/	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,805.97	+ \$		N/A	= \$	2,805.97
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· —		' -			* -	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00									
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certainlies						12.	\$	2,805.97
13.								Combi month	ned ly income	
		No. Yes, Explain: Increase in social security income beginning 201	Q.							